

**COLORADO RIVER INDIAN TRIBES LEGAL AID**  
**APPLICATION FOR LEGAL SERVICES**

File No: \_\_\_\_\_ 1<sup>st</sup> Interview: \_\_\_\_\_@\_\_\_\_\_ Conflict ☐ Non Tribal ☐  
One Shot ☐ Legal Advice ☐

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Message Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you employed? ☐ Yes ☐ No What is your monthly income?

\_\_\_\_\_ Temporary ☐ Permanent ☐

**PLEASE FILL OUT THE FORM COMPLETELY**

Are you a Tribal Member of the Colorado River Indian Tribes? ☐ Yes ☐ No Tribal ID#:

If "No" what Tribe do you belong to? \_\_\_\_\_ Tribal ID#:

Have you been involved in a dispute where our office has represented you or the other party? ☐ Yes ☐ No

If "Yes", please list the names of the people involved, the dates and a brief summary of the dispute.

What type of assistance are you seeking from our office today?

Who is the other person(s) involved in this matter?

Have you or your spouse contacted an attorney regarding this same issue before today? ☐ Yes ☐ No

If "Yes", please list the name of the attorney you or your spouse had contacted and the date(s):

**ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION AND THE INTERVIEW IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WILL IMMEDIATELY INFORM THE COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT OF ANY CHANGES WITH THIS INFORMATION.**

\_\_\_\_\_  
Applicant's Signature Date

**ADD:** \_\_\_\_\_ Storage: Year \_\_\_\_\_ Cases \_\_\_\_\_ File under

Client Name

\_\_\_\_\_ Abacus "Names" \_\_\_\_\_ Storage: "Open/Closed Cases" \_\_\_\_\_ Card File/Make File

\_\_\_\_\_ 1<sup>st</sup> Appt.

***COMMENTS: OFFICE USE ONLY***

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